

Name
in
Full

CERTIFICATE OF DEATH

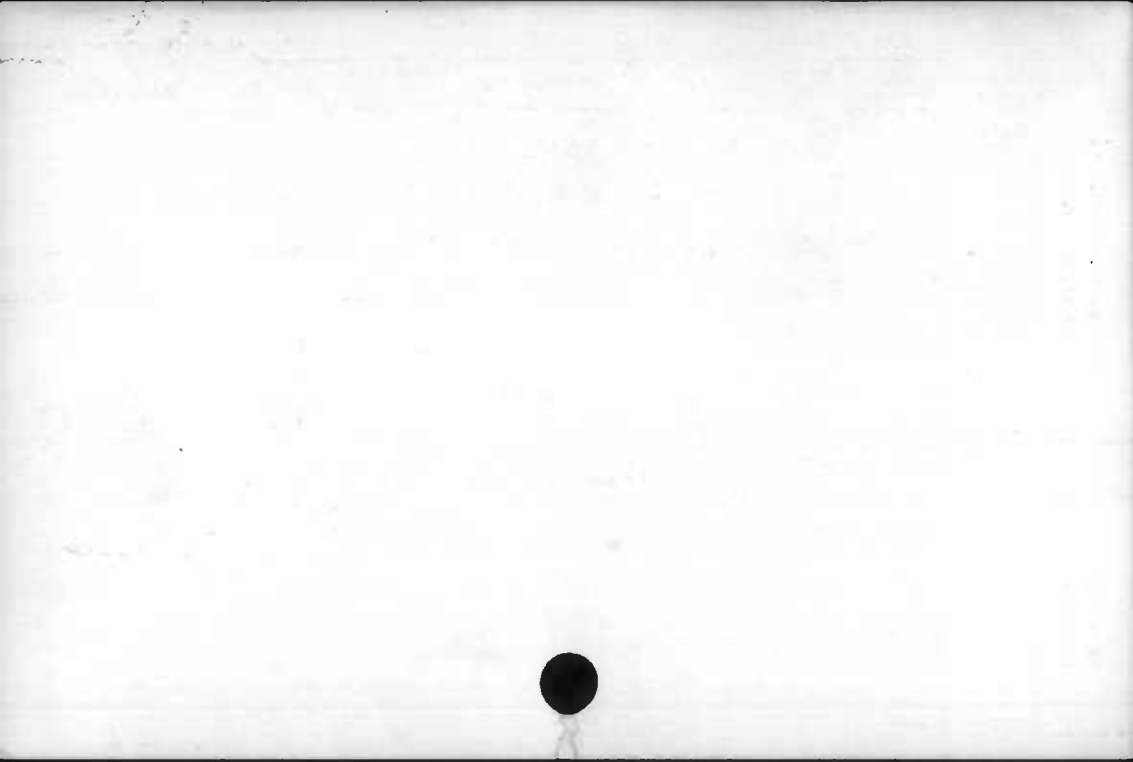
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Jan.	28				
Sex	Female	Color or Race	Black	Birth-place	Near Church Creek		
Occupation	V. nurse			Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		George Cornish Banks		Father's Birthplace		Md	
Mother's Maiden Name		Hattie Cornish		Mother's Birthplace		Md	
Name of person giving Information		George Banks		How related to deceased		Father	

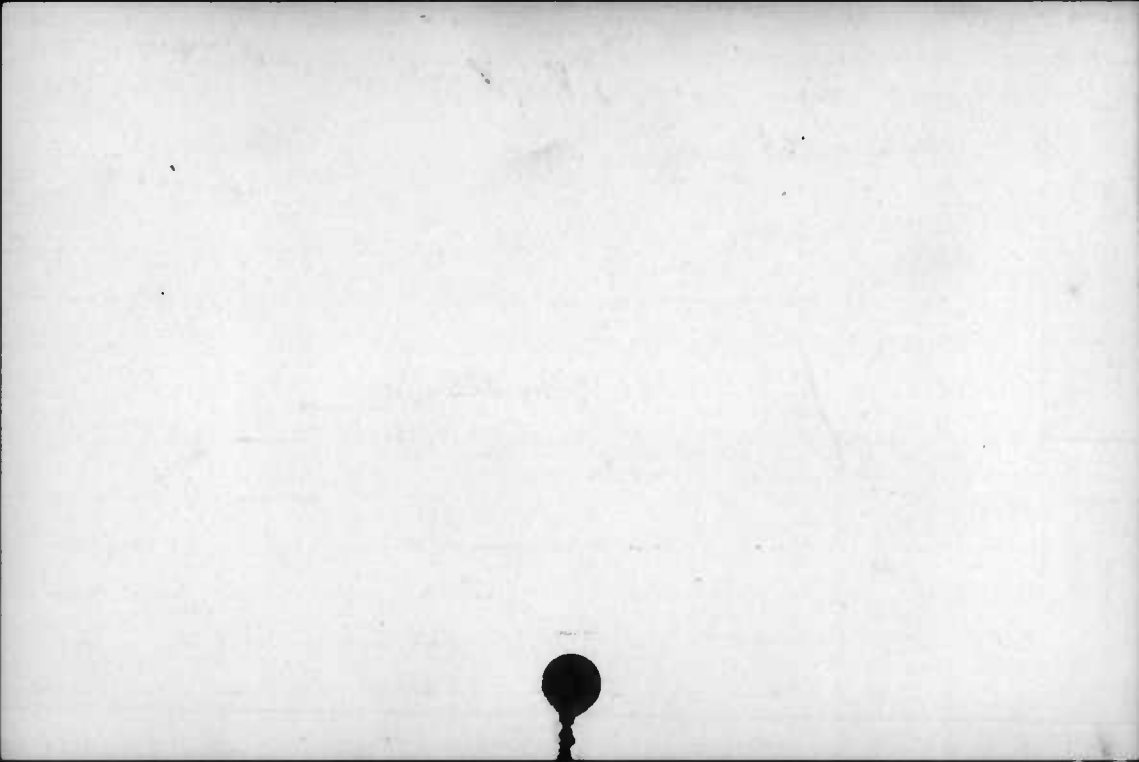
CAUSES OF DEATH

PHYSICIAN
OR CORONER

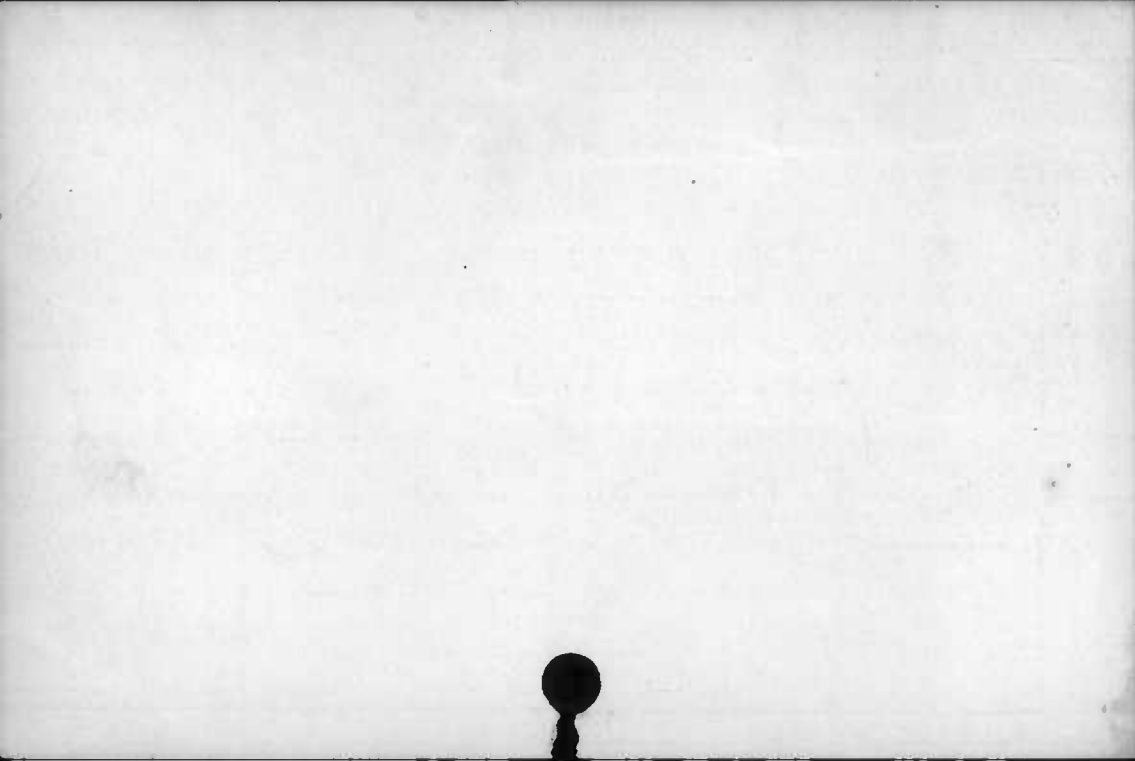
Primary	Not stated	Still Birth	How long
Immediate	✓		How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
			Address
			Cambridge Md
Accident or Suicide			



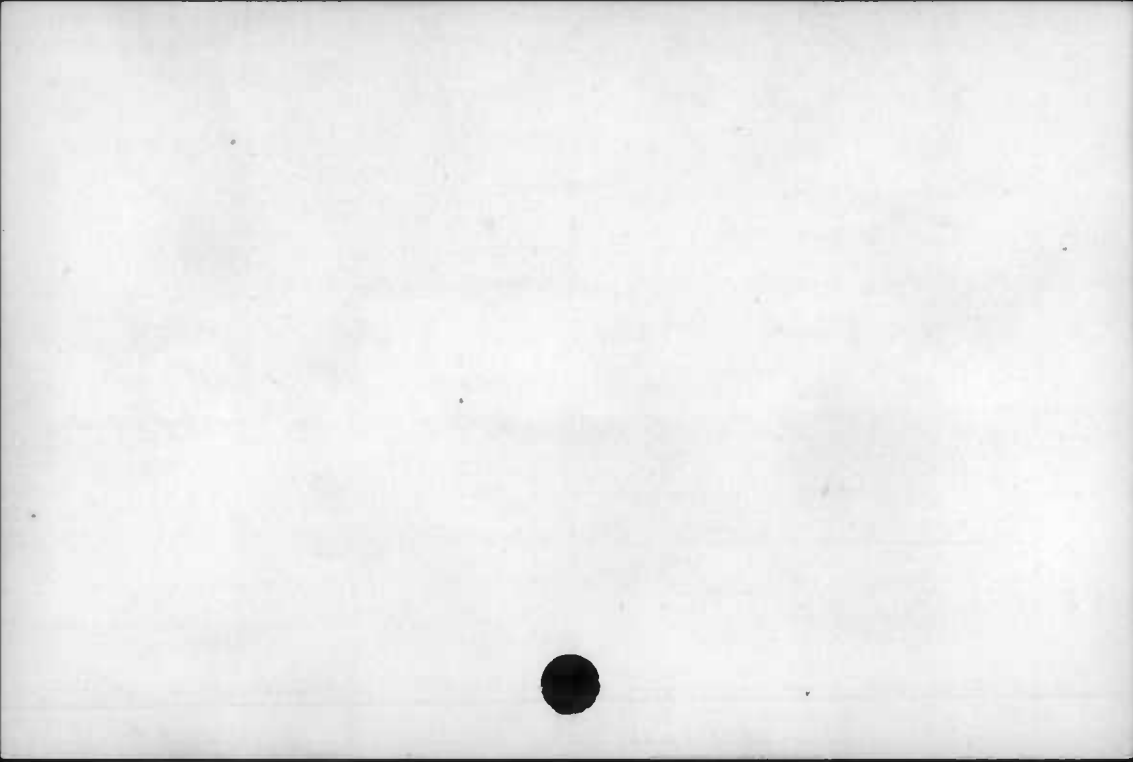
Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cambridge</u>				<u>Archester</u>		MARYLAND			
		Date of death <u>1909</u>		Month <u>July</u>	Day <u>27</u>	Age <u>69</u>	Years	Months <u>3</u>	Days <u>—</u>		
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Box. E. Md</u>					
		Occupation <u>Barber</u>				Where Residing if not at place of death <u>—</u>					
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Susan M. Price</u>							
		Father's Name <u>W. H. Barton</u>				Father's Birthplace <u>Not known</u>					
		Mother's Maiden Name <u>Rachael Merriam</u>				Mother's Birthplace <u>Delaware. Ind.</u>					
		Name of person giving information <u>S. M. Barton</u>				How related to deceased <u>Wife</u>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; padding: 5px; width: 60px; margin: 0 auto;">120</div>											
PHYSICIAN OR CORONER		Primary <u>Chronic Anurhythmia Nephritis</u>				How long <u>27 years</u>					
		Immediate <u>Uremic acute heart failure</u>				How long <u>—</u>					
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>Eugene Steele</u>					
						Address <u>Cambridge Md.</u>					
		Accident or Suicide?									



Name in Full James Bell		CERTIFICATE OF DEATH	
Died at Brookland Town		Dorchester County	
Date of death 1909 Month 1 Day 7		Age 67 Years Months Days	
Sex Male		Color or Race White	
Occupation Laborer		Birth-place Dorchester	
Married, Single or Widowed		Where Residing if not at place of death	
Father's Name John Bell		Father's Birthplace Dor CO.	
Mother's Maiden Name Susan Ramsey		Mother's Birthplace " "	
Name of person giving information Ida Gale		How related to deceased daughter	
CAUSES OF DEATH			
Primary "		179 How long	
Immediate "		" How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Had none Wm J. Allen	
Address East New Market Md			
Accident or Suicide?			



Name in Full <i>Sevin, Zell</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Dorchester County Almshouse</i>		County <i>Dorchester</i>
	Date of death <i>1909 Jan 9th</i>		Age <i>70 1/2</i>
	Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>md.</i>
	Occupation <i>Laborer</i>	Where Residing if not at place of death <i>-</i>	
	Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>unknown</i>	
	Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>	
	Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>	
Name of person giving information <i>Mr Milburn Cannon</i>		How related to deceased <i>Supr Almshouse</i>	
CAUSES OF DEATH 154			
PHYSICIAN OR CORONER	Primary <i>Serility</i>	How long <i>unknown</i>	
	Immediate <i>Heart Failure</i>	How long <i>-</i>	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. H. Blawie</i>	
	Accident or Suicide?	Address <i>Vienna md</i>	



Name
in
Full

Mary E Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Wrights^{County} Berchuster

Date of death 1909 Jan

Day 12

Age Years 46

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Ind

Occupation

Housewife

Where Residing if not
at place of death

Lloyds. Ind

Married, Single
or Widowed

married

Name of
Husband

Jno H Bell & J

Father's
Name

Jno H Phillips

Father's
Birthplace

Ind

Mother's
Maiden Name

Phyllis H Holland

Mother's
Birthplace

Ind

Name of person giving
In formation

H H Bell

How related
to deceased

none

CAUSES OF DEATH

27

Primary

Pulmonary tuberculosis

How long

1 yr

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

S. A. S. Tobes

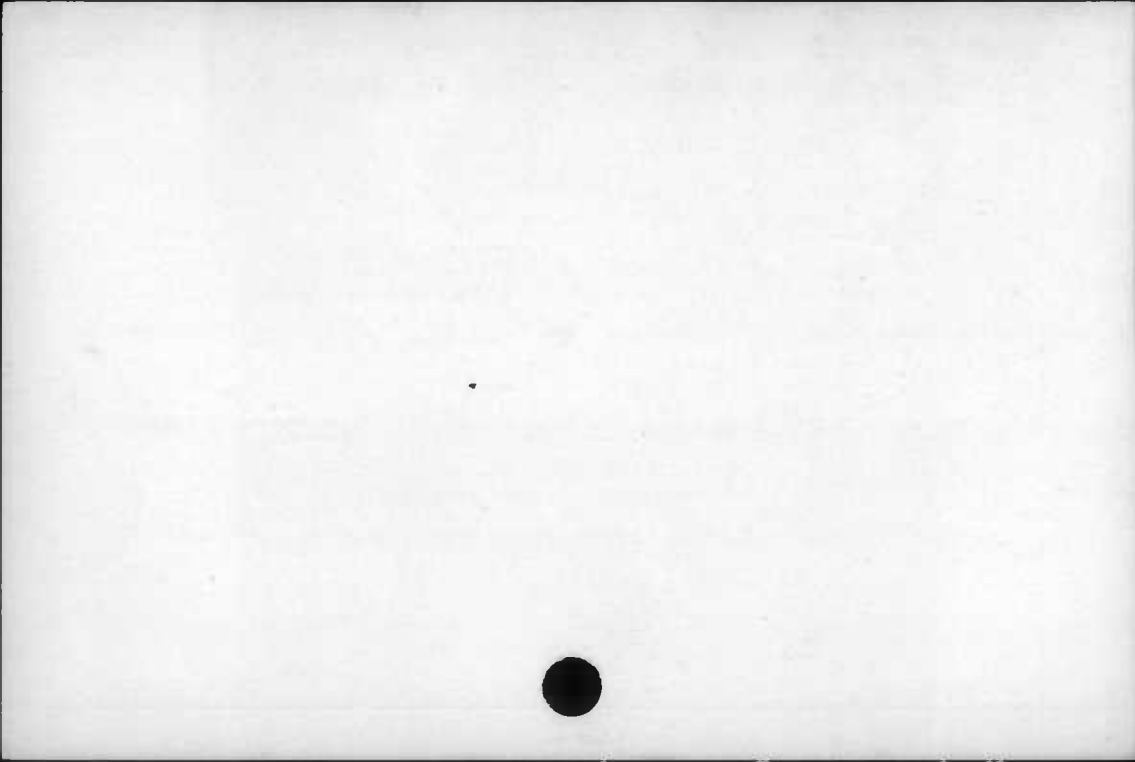
Address

Carnesville

Accident or Suicide?

Ind

PHYSICIAN
OR CORONER



Name
in
Full

Ann Mariah Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *East New Market* Town *Dr.* County *MD.* MARYLAND

Date of death 190 *9* Month *Jan* Day *12* Age *52* Years *Unknown* Months *Unknown* Days *Unknown*

Sex *Female* Color or Race *Coloured* Birth-place *MD.*

Occupation *House wife* Where Residing if not at place of death *MD.*

Married, Single or Widowed *Widow* Name of Wife or Husband *Samuel Brown*

Father's Name *Adam Wing* Father's Birthplace *MD*

Mother's Maiden Name *Ann Mariah Wing* Mother's Birthplace *"*

Name of person giving Information *Adam Brown* How related to deceased *Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Myocardial Regurgitation & Chronic interstitial nephritis* How long *18 months*

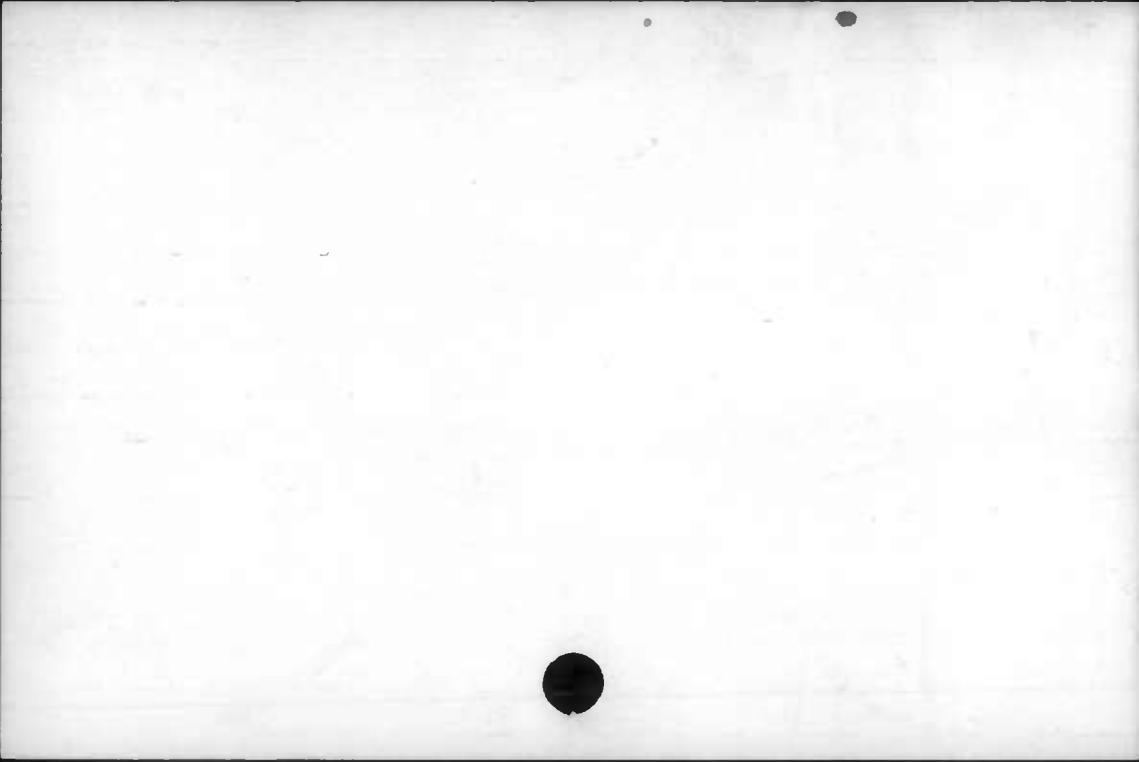
Immediate *Cardiac antheria & edema* How long *Week.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. H. Horbough L. M. D.*

Address *E. H. M.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

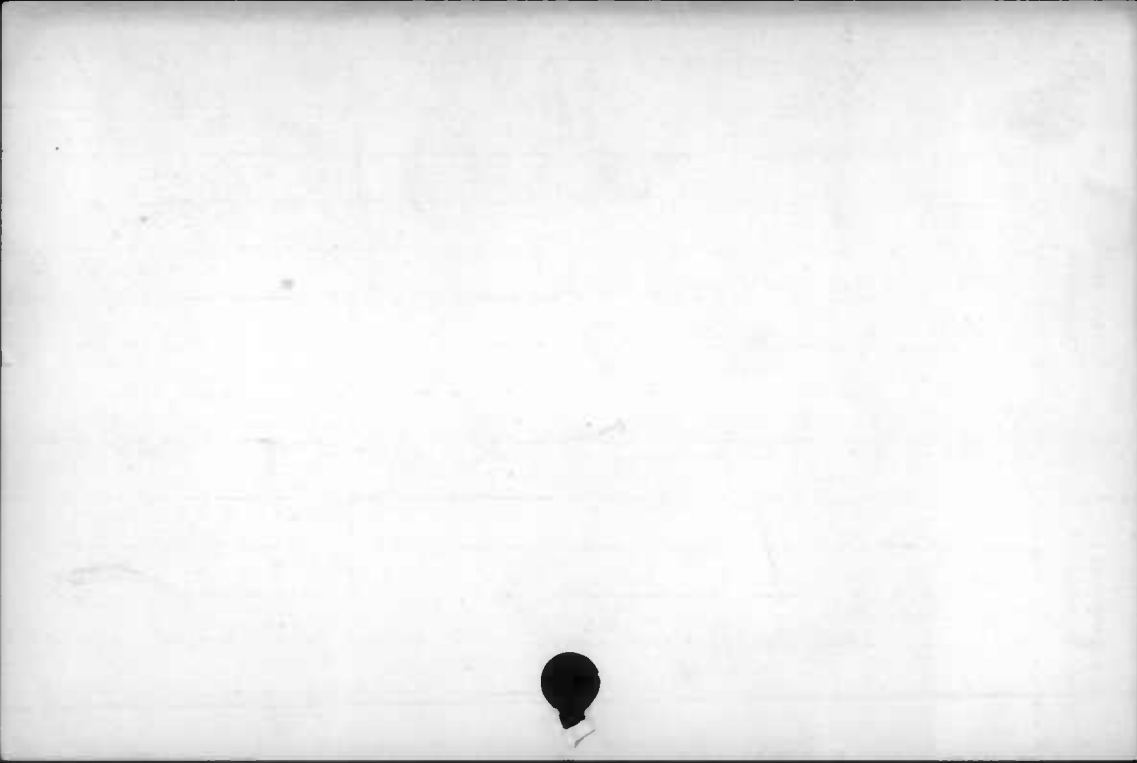
Died at <i>Cotuitbury</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death 190 <i>9</i>	Month <i>June</i>	Day <i>20</i>	Years <i>63</i>	Months <i>3</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Sussex Co., Del</i>		
Married, Single or Widowed			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Maggie C Phillips</i>					
Father's Name <i>James Cole</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Kellie Turner</i>			Mother's Birthplace <i>Sussex Co., Del</i>		
Name of person giving information <i>Mrs Maggie C Phillips</i>			How related to deceased		

Tuberculosis. ←

CAUSES OF DEATH

*Tuberculosis*PHYSICIAN
OR CORONER

Primary <i>Hemorrhage</i>	(27)	How long <i>6 months</i>
Immediate <i>Fieble heart</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E R Osler</i>
		Address <i>Georgetown</i>
Accident or Suicide?		



Name
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Full

Wm. Mark Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

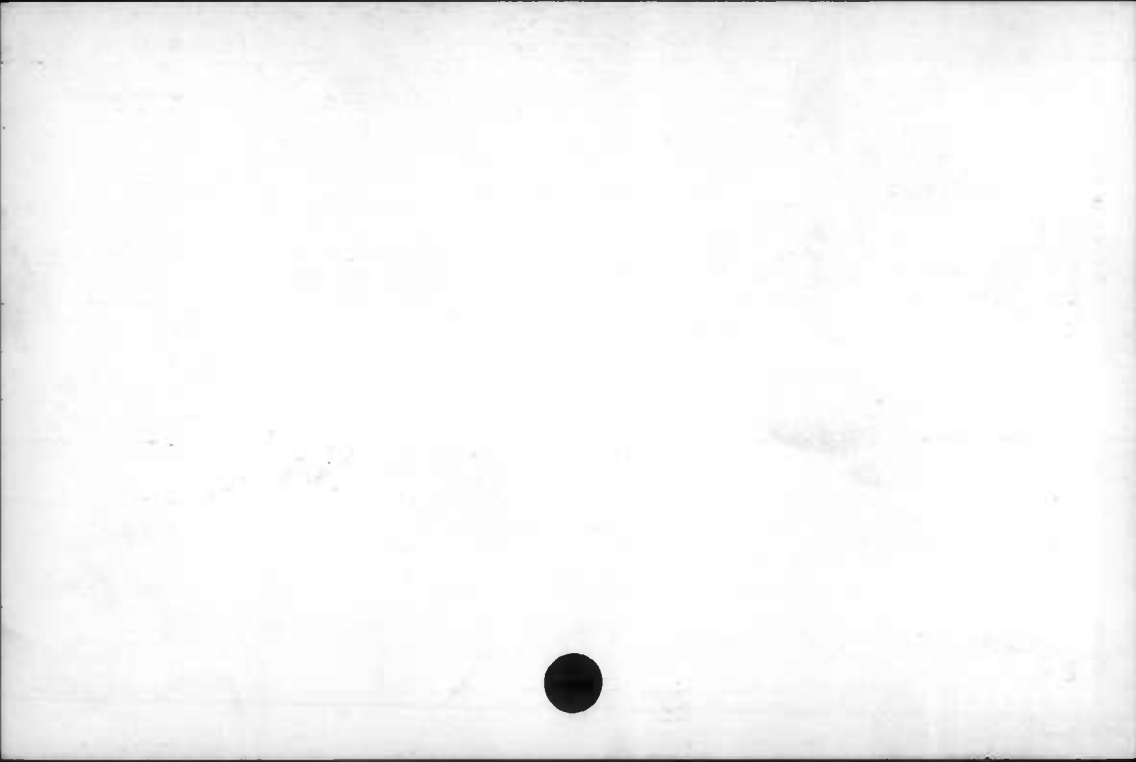
Died at <i>Cambridge</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death <i>1904</i>	<i>July</i> ^{Month}	<i>24</i> ^{Day}	Age <i>78</i> ^{Years}	<i>11</i> ^{Months}	<i>27</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Dr. Co. Md.</i>		
Occupation <i>Builder in Const.</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>Emily F. Wright</i>			
Father's Name <i>Wm. Cook</i>			Father's Birthplace <i>Dr. Co. Md.</i>		
Mother's Maiden Name <i>Sallie Brampton</i>			Mother's Birthplace <i>Dr. Co. Md.</i>		
Name of person giving Information <i>Emma Price</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Bright's disease & Arterio Sclerosis</i>	How long <i>6 years</i>
Immediate <i>Sudden Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Guy Stull</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide	



Name
in
Full

Spry 3 Davis -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

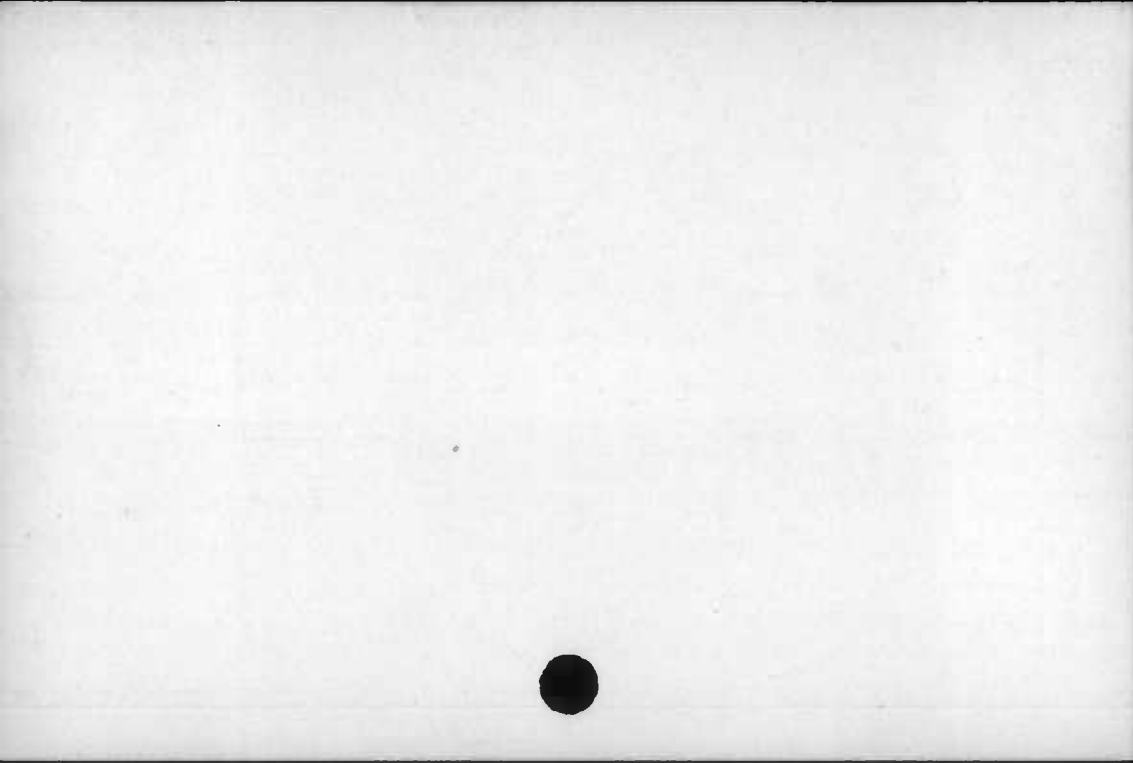
Died at <u>Vienna</u> Town		<u>Sussex</u> County			
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>21</u>	Age <u>74</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>MD</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Clarica Davis</u>				
Father's Name <u>Sam Davis</u>	Father's Birthplace <u>MD</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information <u>Albert Davis</u>				How related to deceased <u>Son</u>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Lobar Pneumonia</u>	How long <u>5 days</u>
Immediate <u>Heart Failure</u>	How long <u>Immediately</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr H. B. Blunt</u>
	Address <u>Vienna MD</u>
Accident or Suicida?	



Name
in
Full

Elizabeth Ann Deane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East New Market</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>1</i>		Day <i>33</i>		Years <i>6</i>	
Age <i>2</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Dorchester Co Md</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>James Deane</i>					
Father's Name <i>Henry Collins</i>				Father's Birthplace <i>Dorchester Co</i>			
Mother's Maiden Name <i>Don't Know</i>				Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Nellie Deane</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>10 years</i>	
Immediate <i>Cardiac asthma</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Edmond L Jones</i>	
		Address <i>East New Market, Md</i>	
Accident or Suicide			



Name
in
Full

William A Denny

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Lakes Mill

Dorchester

Date

of death

1909

Month

January

Day

9

Age

66

Months

Days

Sex

male

Color or
Race

white

Birth-
placeLakes Mill
Dor Co and

Occupation

caterman

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

George A Denny

Father's
BirthplaceLakes Mill
Dor Co andMother's
Maiden Name

Ehans

Mother's
Birthplace

Tadville Md

Name of person giving
InformationHow related
to deceased

mother

CAUSES OF DEATH

79

How long

Primary

dropsy & heart trouble

How long

Immediata

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

Address

No physician in attendance
Wm H Pritchett J P
Bishop Head Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Vienna</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i> <small>Month</small>	<i>Jan.</i> <small>Day</small>	<i>8</i> <small>Years</small>	<i>81</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Don't Know</i>
Occupation	<i>Physician</i>		Where Residing if not at place of death <i>Vienna</i>		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband <i>— out there</i>			
Father's Name	<i>Don't Know</i>			Father's Birthplace	<i>Don't Know</i>
Mother's Maiden Name	<i>Don't Know</i>			Mother's Birthplace	<i>Don't Know</i>
Name of person giving information	<i>S. J. Gore</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

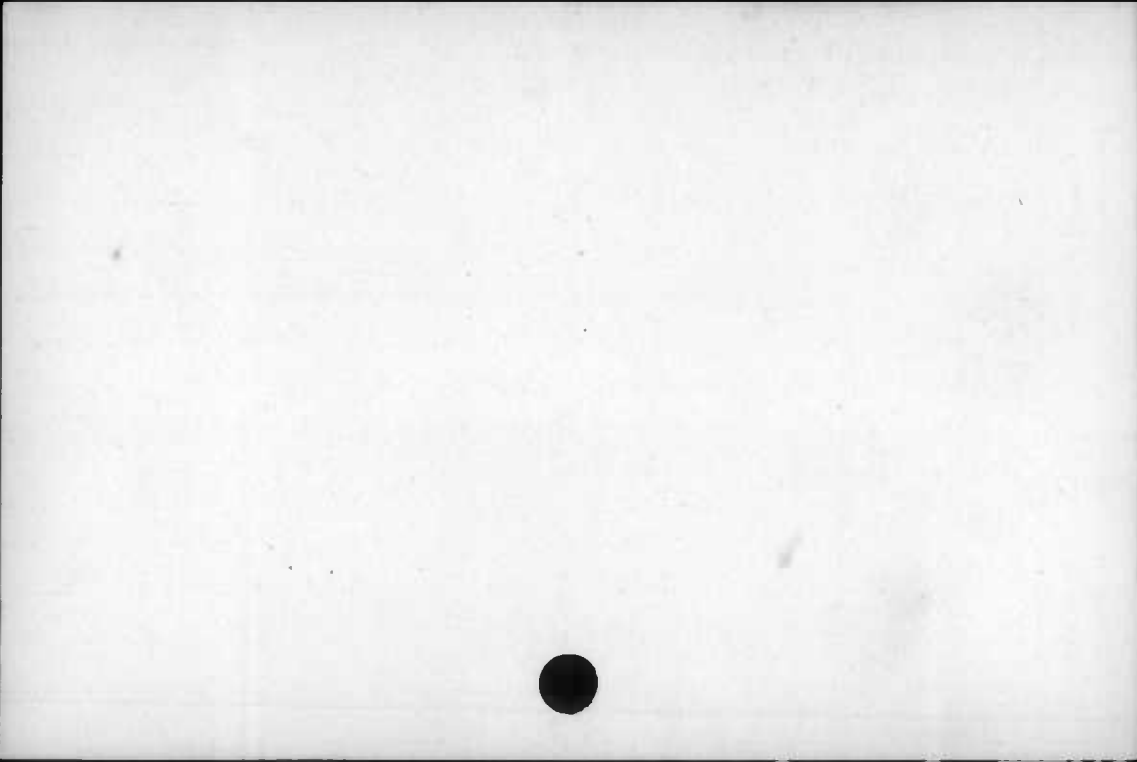
154

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long
Immediate	<i>Don't Know</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>R. J. Price</i>
		Address <i>Vienna</i>
		<i>Maryland</i>
Accident or Suicide?		



Name in Full		Lawrence Lee Fitzhugh				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge	County Dorchester		MARYLAND	
	Date of death	1909	Month Jan.	Day 24	Age —	Months 5	Days 24
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Child			Where Residing if not at place of death		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Purnell L. Fitzhugh				Father's Birthplace	Ind
	Mother's Maiden Name	Daisy E. Rawlrich				Mother's Birthplace	Ind
Name of person giving information		Willie Rawlrich				How related to deceased	Uncle
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Bronch. Pneumonia				How long	12 days
	Immediate	Heart Failure				How long	short
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					Cambridge, Md.		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beulah</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Jan</i>	Day <i>30</i>	Age <i>71</i>	Months <i>5-</i> Days <i>5-</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Caroline Co</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Bethesda</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Jennie Cohee</i>				
Father's Name <i>Goney Cohee</i>	Father's Birthplace <i>Caroline Co</i>				
Mother's Maiden Name <i>Ann Cohee</i>	Mother's Birthplace <i>Caroline Co</i>				
Name of person giving information <i>William Ambrose Cohee</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>Several months</i>
Immediate <i>Mitral Regurg Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Raymond Downes</i>
	Address <i>Princeton</i>
Accident or Suicide?	

2

Name
in
Full

Mollie E. Goss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

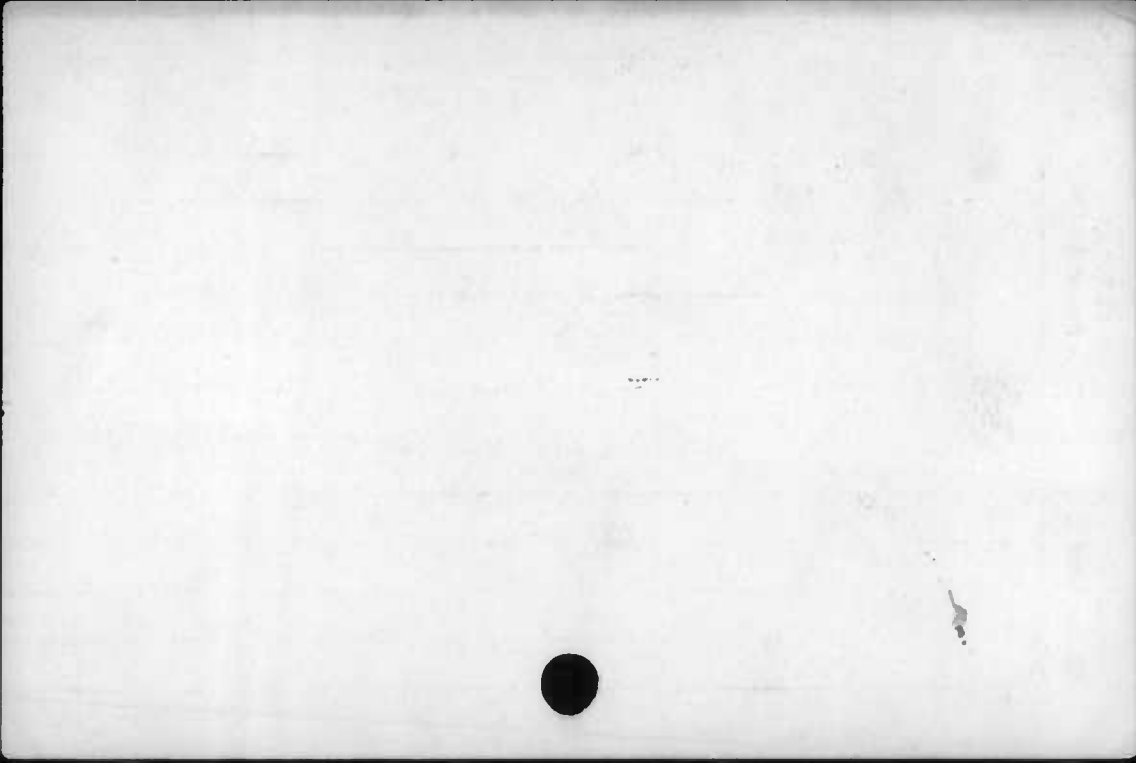
Died at <i>Church Creek</i> ^{Town}		<i>Orchester</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>20</i>	Age <i>5-5</i>	Months <i>1</i>	Days <i>29</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>Housework</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i></i>				
Father's Name <i>John E. Goss</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Margaret Bennett</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Sam E. Miskin</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

121

PHYSICIAN
OR CORONER

Primary <i>Abscess of Kidney</i>	How long <i>4 or 5 yrs</i>
Immediate <i>Urinary Tract</i>	How long <i>Five days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. Harrell</i>
	Address <i>Cambridge Md</i>
Accident or Suicide? <input type="checkbox"/>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Elizabeth Harney		County Dor		MARYLAND
	Died at Hs Hurlock		Town		
	Date of death 1909	Month 1	Day 20	Age 55	Months - Days -
	Sex female	Color or Race white		Birth-place Dor Co Md	
	Married, Single or Widowed		Occupation House work		
	Name of Wife or Husband Frank Harney (deceased)				
	Father's Name Alex Keys		Father's Birthplace Dor Co		
Mother's Maiden Name unknown		Mother's Birthplace Dor Co			
Name of person giving information J. F. Bestutch		How related to deceased Son in law			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	La Grippe	How long	3 days	
	Immediate	Pneumonia	How long	5 days	
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. Roger Myers		
			Address Hurlock Md		
	Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Samuel Henry
Town *Salem* County *md* **MARYLAND**

Died at *Salem* *Dorchester*

Date of death 1909 *Jan* Month *13* Day *38* Years *—* Months *—* Days

Sex *male* Color or Race *Black* Birth-place *Dorabridge*

Occupation *Farmer* Where Residing if not at place of death *Salem*

Married, ~~Single~~ *Married* Name of Wife or Husband *Sarah Moreford*

Father's Name *James Henry* Father's Birthplace *Dorabridge*

Mother's Maiden Name *Silvia Pickens* Mother's Birthplace *"*

Name of person giving Information *Joshua Henry* How related to deceased *Brother*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Lobar Pneumonia* How long *12 days*

Immediate *Pulm. Congestion & heart failure* How long *10 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Wm. Steele*

Address *Cambridge Md.*

Accident or Suicide



Name
in
Full

Albina Huller Hurley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brawbudge</u> ^{Town}		<u>Worcester Co</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>27</u>	Age <u>10</u>	Months <u>10</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Brawbudge</u>		
Occupation <u>Baby</u>			Where Residing if not at place of death <u>Brawbudge</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Walter J. Hurley</u>			Father's Birthplace <u>Brawbudge</u>		
Mother's Maiden Name <u>Albina Langford</u>			Mother's Birthplace <u>Worcester Co. Md.</u>		
Name of person giving Information <u>Walter J. Hurley</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Cholera Dis-ease</u>	How long	
Immediate	<u>no doctor</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>None</u>	
		Address	
		<u>Greenwood Sullivan</u>	
Accident or Suicide		<u>Justice of the Peace</u>	



Name
in
Full

CERTIFICATE OF DEATH

Edward St. Jews

Town

County

MARYLAND

Died at Cambridge

Rochester

Date of death 1900 Jan

Month

Day

26

Age

Years

~

Months

4

Days

5

Sex

Male

Color or Race

Colored

Birth-place

Cambridge

Occupation

~

Where Residing if not at place of death

Married, Single or Widowed

~

Name of Wife or Husband

Father's Name

Benjamin Jews

Father's Birthplace

Rochester Co

Mother's Maiden Name

Rosa Williams

Mother's Birthplace

Rochester Co

Name of person giving information

Rosa Williams

How related to deceased

Mother

CAUSES OF DEATH

92

Primary

Broncho Pneumonia

How long

Four days

Immediate

Pulmonary Congestion

How long

Several hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Lester P. Reynolds

Address

Cambridge Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

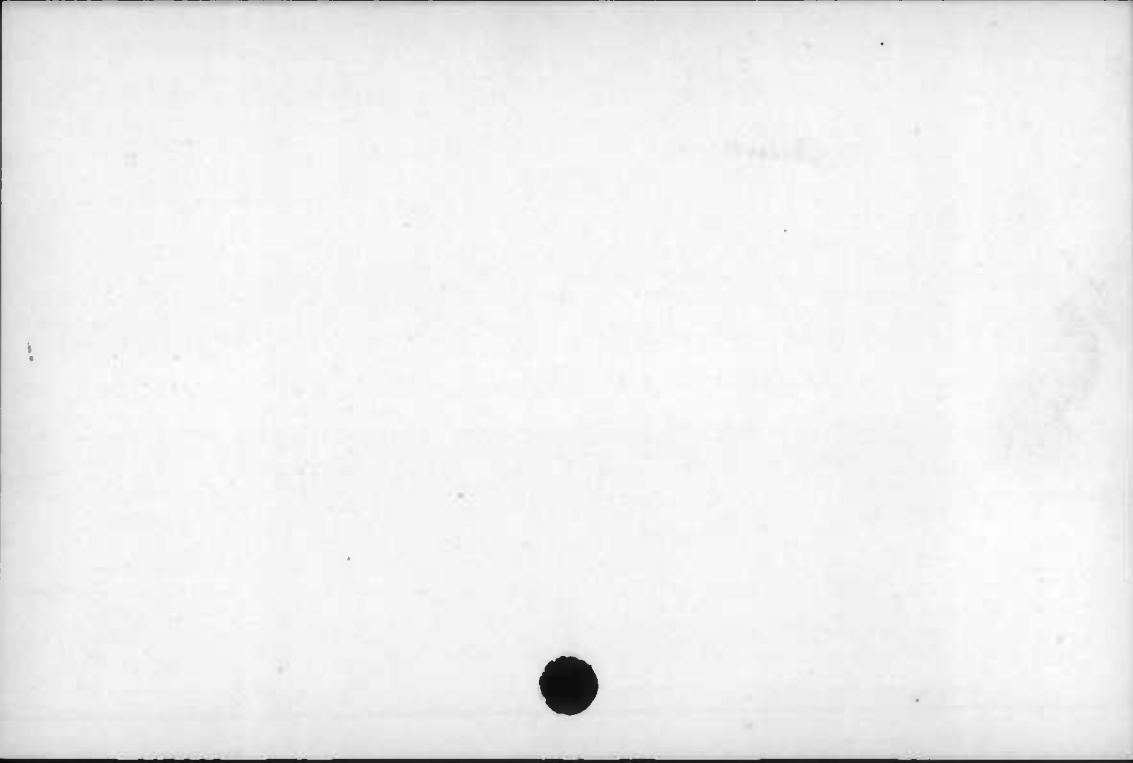
Died at <i>Lakes Hill district no 6</i>		Town <i>Dorchester</i>		County	
Date of death	<i>1909</i>	Month <i>January</i>	Day <i>24</i>	Years <i>43</i>	Months <i>8</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Dorchester Co</i>			
Occupation <i>House work</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel O Johnson</i>				
Father's Name <i>Joseph wroten</i>	Father's Birthplace <i>Dorchester Co</i>				
Mother's Maiden Name <i>Clementine wroten</i>	Mother's Birthplace <i>Dorchester Co</i>				
Name of person giving information <i>Samuel O Johnson</i>	How related to deceased				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart Trouble</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of <i>no</i> Physician <i>physician in attendance</i>	
	Address <i>Wm H Patchett J & T</i>	
Accident or Suicide?	<i>Bedrap Head on R</i>	

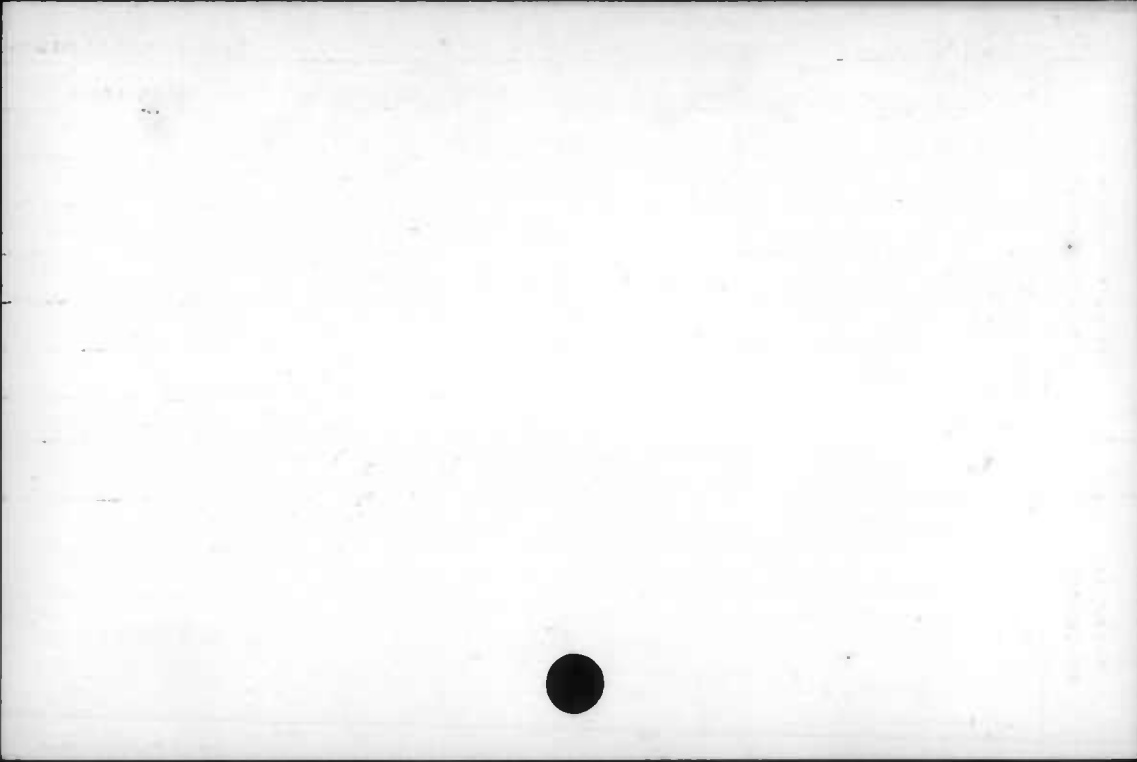


CERTIFICATE OF DEATH

Died at <u>Bucktown</u>		<u>Bohachtu</u>		County		MARYLAND	
Date of death <u>1909 Jan</u>		Month <u>9</u>	Day <u>3</u>	Age <u>65</u>	Years	Months	Days
Sex <u>male</u>		Color or Race <u>colad-</u>			Birth-place <u>Drawbudge</u>		
Occupation <u>Fanner</u>		Where Residing if not at place of death <u>Bucktown</u>					
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Sharlit-jolly</u>					
Father's Name <u>John Jolly</u>		Father's Birthplace <u>Bucktown</u>					
Mother's Maiden Name <u>Nancy Coalman</u>		Mother's Birthplace <u>Dochester Co. Md</u>					
Name of person giving Information <u>Phemas Jolly</u>		How related to deceased <u>Bucktown</u>					

CAUSES OF DEATH

Primary	The are Disease	How long	a long time
Immediate	Other ex a de of, Game	How long	15 minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Two Physicians
Accident or Suicide		Address	German Bureau Justice of the Peace



Name
in
Full

Ann W. G. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

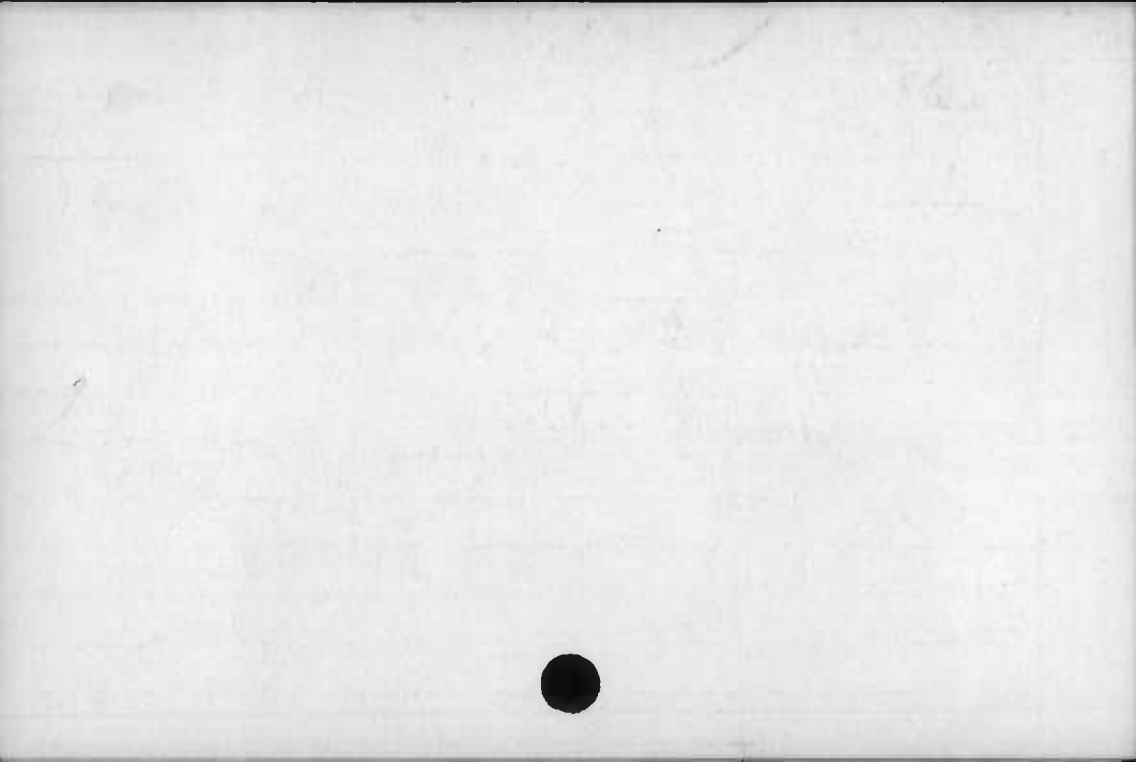
Died at <u>Cambridge</u> ^{Town}		<u>Essex</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	Month <u>July</u>	Day <u>22</u>	Age <u>34</u>	Months <u>4</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>900 New York St</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ed-J-Jones</u>				
Father's Name <u>Francis McGinn</u>	Father's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>Eliza Engh</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Julia McGinn</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

130

PHYSICIAN
OR CORONER

Primary <u>Pelvic abscess</u>	How long <u>causation</u>
Immediate <u>acute infection after operation</u>	How long <u>five hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. B. Goldsmith</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

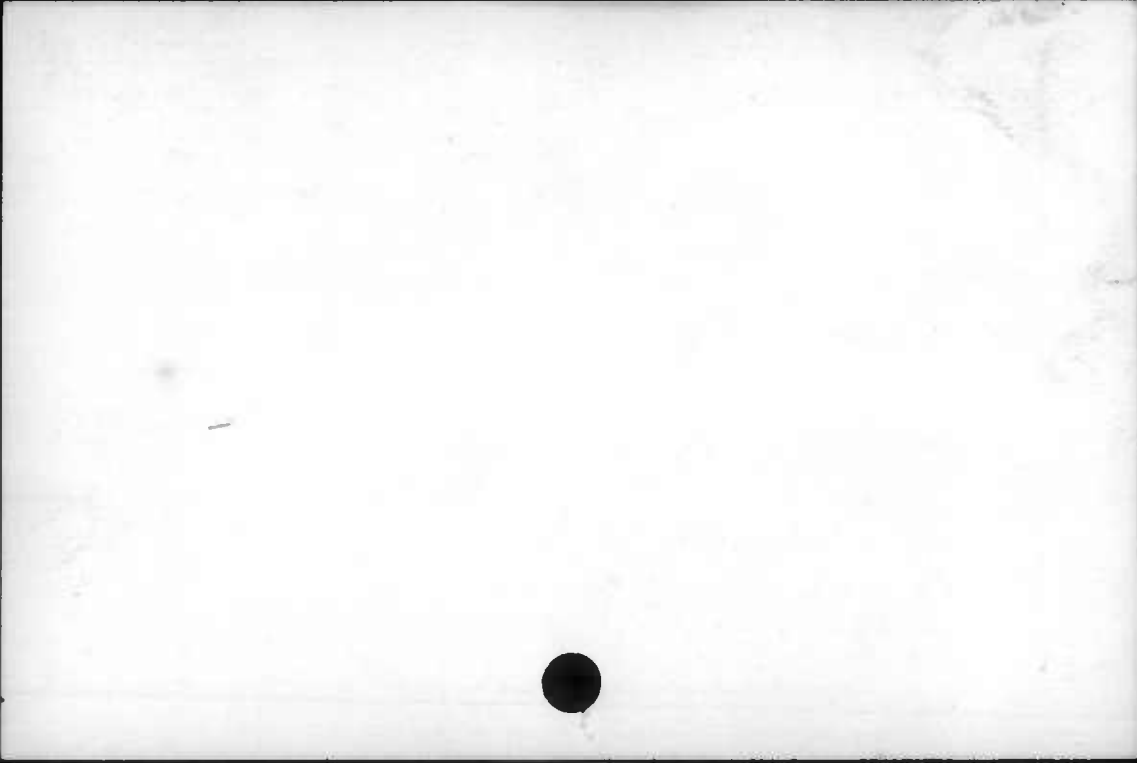
Died at Cambridge Town Brookline County MARYLAND
 Date of death 190 9 Month Jan Day 30 Age — Years — Months — Days 1
 Sex Male Color or Race White Birth-place md
 Occupation infant Where Residing if not at place of death Cambridge
 Married, Single or Widowed Single Name of Wife or Husband —
 Father's Name Charles McMahon Father's Birthplace md
 Mother's Maiden Name Ellen Hassett Mother's Birthplace md
 Name of person giving Information Sheldon McMahon How related to deceased mother

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary Deformity How long when born
 Immediate Infant development How long —
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician John Moore
 Address Cambridge
 Accident or Suicide no



Name
in
Full

Nester Ann M Namara

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Cambridge ^{County} Dorchester MARYLANDDate of death 1909 ^{Month} Jan'y ^{Day} 21 ^{Age} 60 ^{Years} 60 ^{Months} 6 ^{Days} —

Sex Female Color or Race white Birth-place Somerset Co

Occupation Housewife Where Residing if not at place of death —

~~Married~~ Single or Widowed widow Name of Wife or Husband was Vaughn S. M Namara

Father's Name Clement C. Cannon Father's Birthplace Don't Know

Mother's Maiden Name Mahala Thomas Mother's Birthplace ^{Deale} ~~Somerset Co~~ ^{Del}

Name of person giving Information Octavary C. M Namara How related to deceased Daughter

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Nephritis How long 5 days

Immediate Uremia How long 2 days

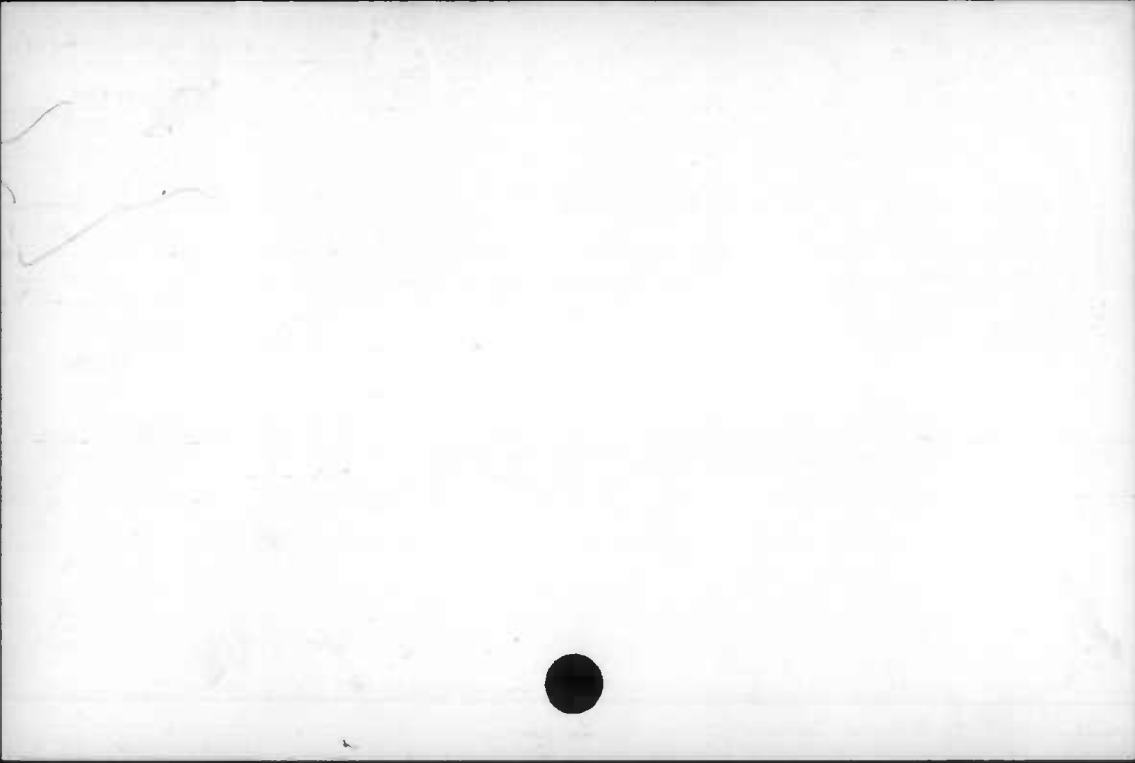
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Martin W. Calverborough
Cambridge Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	1909	Month	January	Day	24	Years	31
Sex	Female	Color or Race	White	Birthplace	Maryland		
Occupation	House wife			Where Residing if not at place of death	Baltimore		
Married, Single or Widowed	Married			Name of Wife or Husband	Wm. H. Massey		
Father's Name	Wm. E. James			Father's Birthplace	Maryland		
Mother's Maiden Name	Mary H. James			Mother's Birthplace	Maryland		
Name of person giving information	Maryland			How related to deceased	Mother		

CAUSES OF DEATH

140

PHYSICIAN
OR CORONER

Primary	<i>Chud birth</i>	How long	<i>18 hours</i>
Immediate	<i>Embolic</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Martin H. Goldsborough</i>
		Address	<i>Baltimore</i>
Accident or Suicide?			



Name
in
Full

Robert G. Macbray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cornersville</i>		Town <i>Cornersville</i>		County <i>Mon</i>		State <i>MARYLAND</i>	
Date of death <i>1909 Jan</i>		Month <i>25</i>		Day <i>25</i>		Years <i>1</i> / <i>15</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>Cornersville</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Wm A Macbray</i>		Father's Birthplace <i>Dr. Co. Md</i>					
Mother's Maiden Name <i>Geneva Palmer</i>		Mother's Birthplace <i>Dr. Co. Md</i>					
Name of person giving Information <i>Gen. Palmer</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary <i>Umbilical abscess</i>		How long <i>1 mo 2 wks</i>	
Immediates <i>Pyemia</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. A. Stokes M.D.</i>	
		Address <i>Cornersville Md</i>	
Accident or Suicide			



Name
in
Full

John W. Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

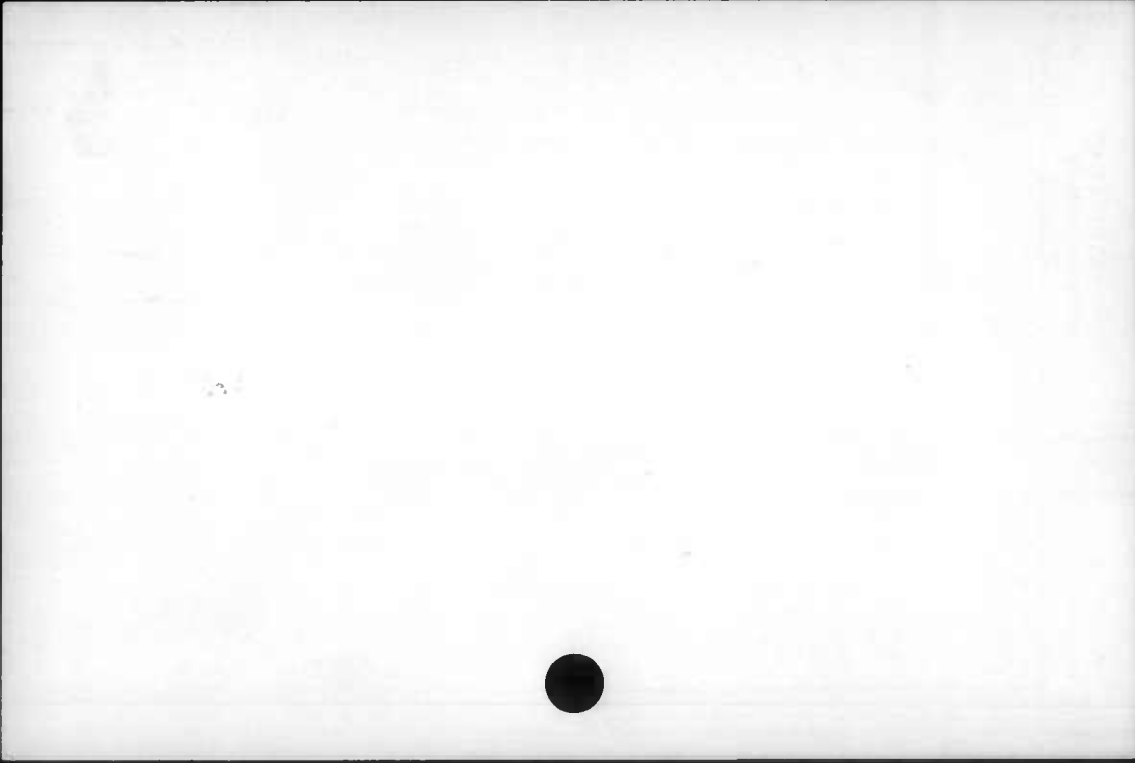
Died at <i>Cambridge</i>		Town		<i>Dorchester</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Jan</i>		Day <i>12</i>		Age <i>76</i>		Years	
Sax <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>		Months		Days	
Occupation <i>Ship Carpenter</i>				Where Residing if not at place of death <i>Seaford</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lovely Morgan</i>							
Father's Name <i>Jacob Morgan</i>				Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Priscilla Floyd</i>				Mother's Birthplace <i>"</i>					
Name of person giving Information <i>G. L. Morgan</i>				How related to deceased <i>Son</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>A long long time</i>
Immediate	<i>No Physician</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>Clement Sullivan</i>	
Accident or Suicide		<i>Justice of the Peace</i>	



Name
in
Full

Charles Pritchett

CERTIFICATE OF DEATH

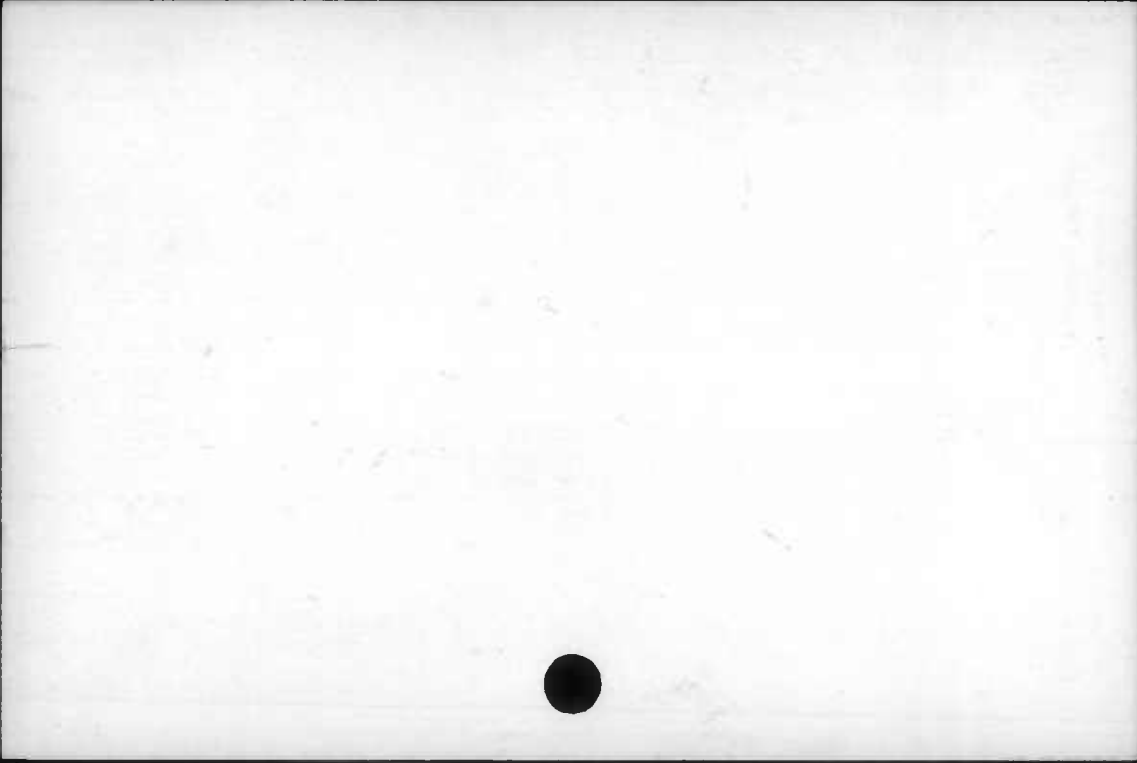
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Secretary</i>		Town <i>Secretary</i>		County <i>Dorchester</i>		MARYLAND	
Date of death 1909		Month <i>1</i>		Day <i>5</i>		Years <i>0</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Months <i>0</i>		Days <i>7</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death		Birth-place <i>Secretary Md.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>		Father's Name <i>Chas Pritchett</i>		Father's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Norah Elsworth</i>		Mother's Birthplace <i>Md.</i>		How related to deceased <i>Mother</i>			
Name of person giving Information <i>Norah Elsworth</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>		How long <i>32 wks development</i>	
Immediate <i>Inanition</i>		How long <i>7 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. V. Harbough, M.D.</i>	
		Address <i>East New Market, Md.</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John W. Pritchell* Town *Bishop* County *Dor*

Died at *Bishop* Maryland

Date of death 190*9* Month *June* Day *7* Age *84* Years Months Days

Sex *Male* Color or Race *White* Birthplace *Dor Co*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Susan Lewis*

Father's Name *Edw Pritchell* Father's Birthplace *Dor Co*

Mother's Maiden Name *Kazan* Mother's Birthplace *Dor Co*

Name of person giving Information *J. W. H. H. Pritchell* How related to deceased *Bro*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Apoplexy* How long *5 days*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *P. Shandley* Address *Wingate Ind*

Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

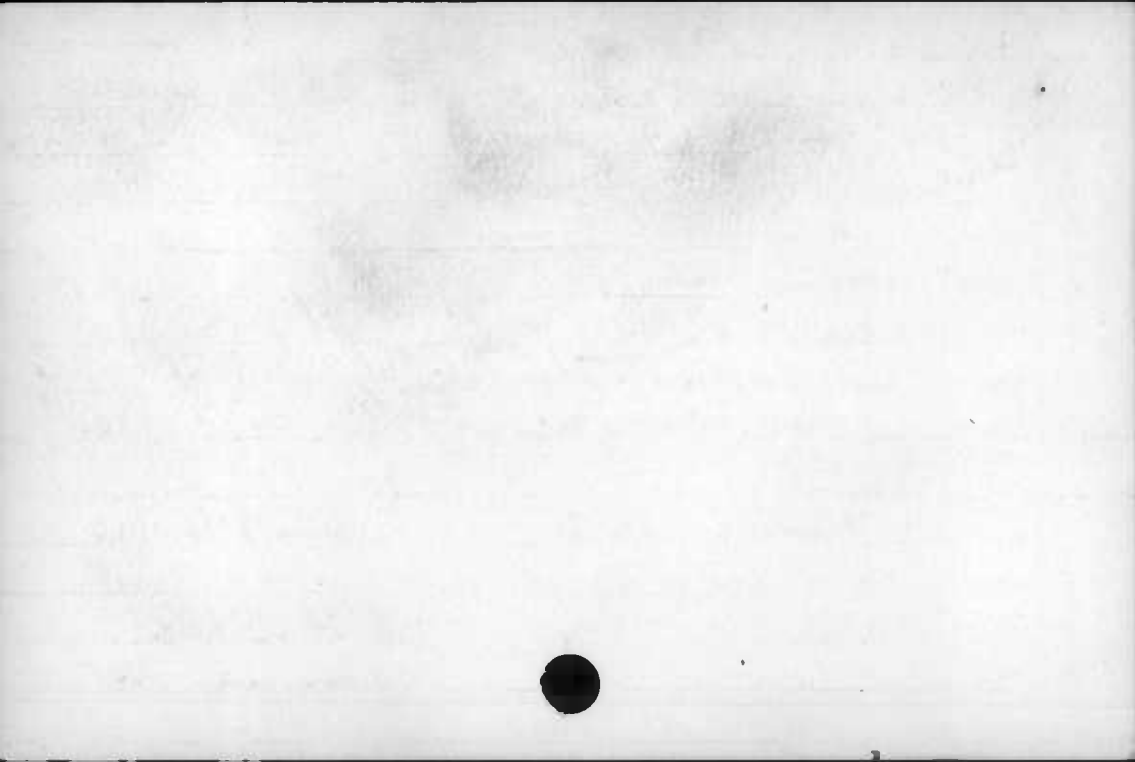
Died at <i>Cambridge</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Jan</i>	Day <i>27</i>	Age <i>—</i>	Months <i>11</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Cambridge Md</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Harry Wilson</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Sarah Ross</i>			Mother's Birthplace <i>W. Va.</i>		
Name of person giving information <i>Sarah Ross</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Myocardial</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry Steel</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide?	



Name
in
Full

Infant of Rosetta Still -

CERTIFICATE OF DEATH

Died at <u>Vienna</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	Jan	Day	15
Age	Years		Months		Days
Sex	Female		Color or Race	Colored	
Birth-place	Vienna				
Occupation	Infant		Where Residing if not at place of death		
Married, Single or Widowed	Infant		Name of Wife or Husband		
Father's Name	John N Still			Father's Birthplace	New Jersey
Mother's Maiden Name	Emma Jane Thomas			Mother's Birthplace	New Jersey
Name of person giving information	John N Still			How related to deceased	Father

CAUSES OF DEATH

151

Primary	Premature Birth	How long	about 7 1/2 mo
Immediate	Heart Failure	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		D. H. Bland.	
		Address	
		Vienna Md	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

M. Fannie Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

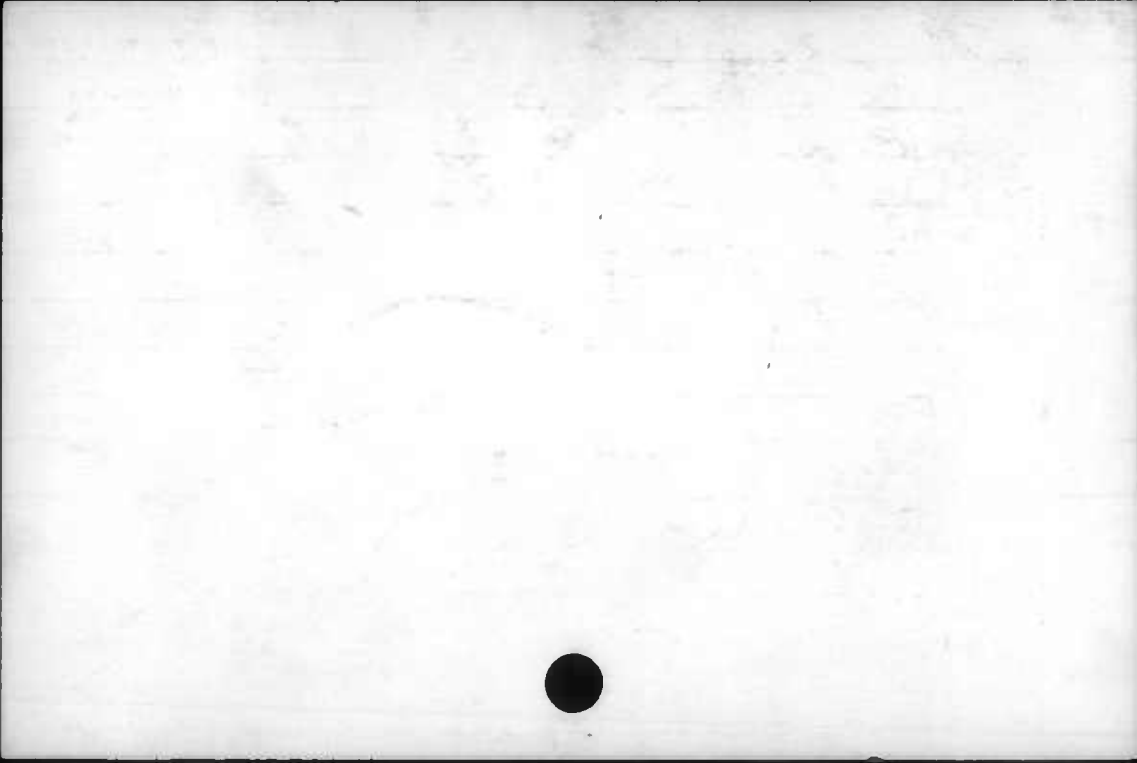
Died at ^{Town} <i>Wrights</i>		^{County} <i>Dorchester</i>		MARYLAND	
Date of death	190 ^{Month} <i>2</i> ^{Day} <i>25</i>	Age	^{Years} <i>49</i>	^{Months} <i>4</i>	^{Days} <i>—</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>House wife</i>		Where Residing if not at place of death <i>Wrights Md</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Jerome Thomas</i>		
Father's Name	<i>George W. North</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Sarah J. Applegarth</i>			Mother's Birthplace	<i>"</i>
Name of person giving Information	<i>George B. North</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Enteritis</i>	How long	<i>2 or 3 days</i>
Immediate	<i>Peritonitis</i>	How long	<i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John H. Hosi</i>
		Address	<i>Cambridge</i>
Accident or Suicide	<i>No</i>		<i>Willis</i>



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name of person giving information	How related to deceased
Charles R. Jones	Son

CAUSES OF DEATH

1

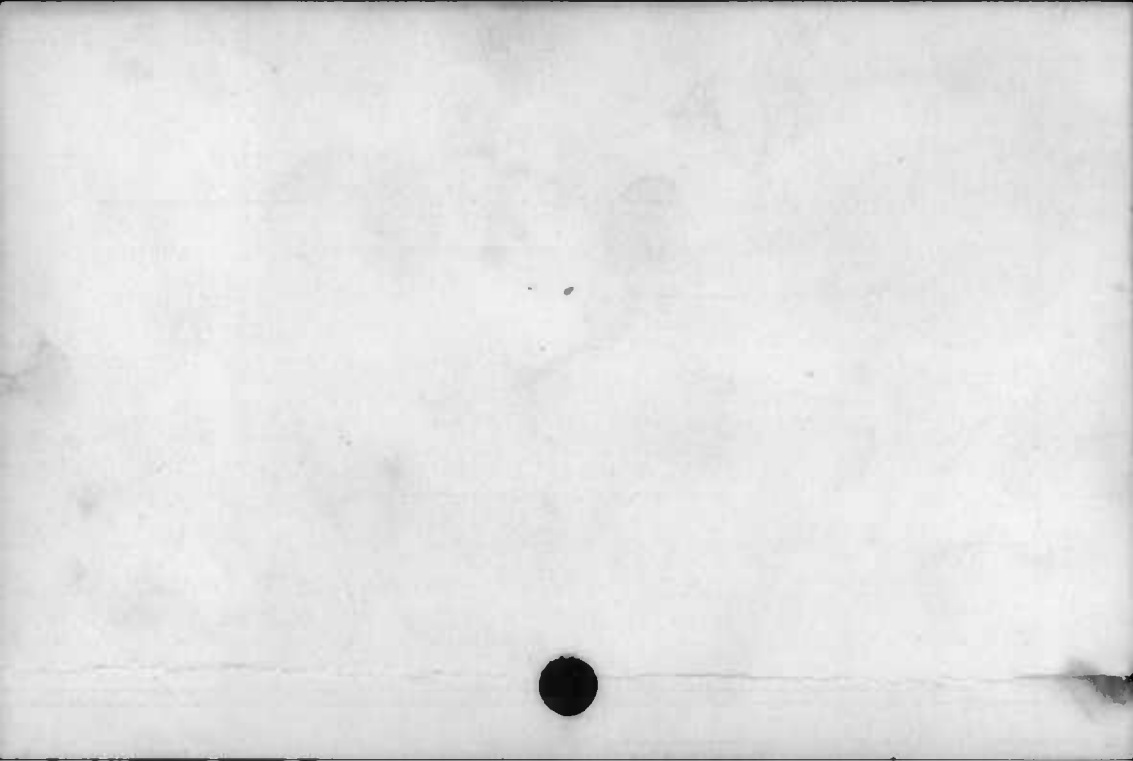
Immediate

Are the name, age, sex, color, date
and place correctly given above? *Yes*

Signature of Physician James H. Hittchett, Jr.

Address Bishop Head Rd

Accident or Suicide?



Name
in
Full

Alvin T Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Doddville* ^{County} *Dorchester*Date of death ^{Month} *January* ^{Day} *10* ^{Years} *16* ^{Months} *—* ^{Days} *5*Sex *male* Color or Race *white*Birth-place *Doddville
Dorchester
Doddville*Occupation *School Boy*Where Residing if not
at place of deathMarried, Single
or Widowed *Single*Name of Wife or
HusbandFather's Name *Albanus B Todd*Father's Birthplace *Doddville*Mother's Maiden Name *Mary Le Jones*Mother's Birthplace *Doddville*Name of person giving
information *Bradley Todd*How related
to deceased *Brother*

CAUSES OF DEATH

Primary *Typhoid fever*How long *6 weeks*

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of Physician *P Stansbury Wingate m.d.*Address *Wm H Pritchett J P
Bishop Head m.d.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

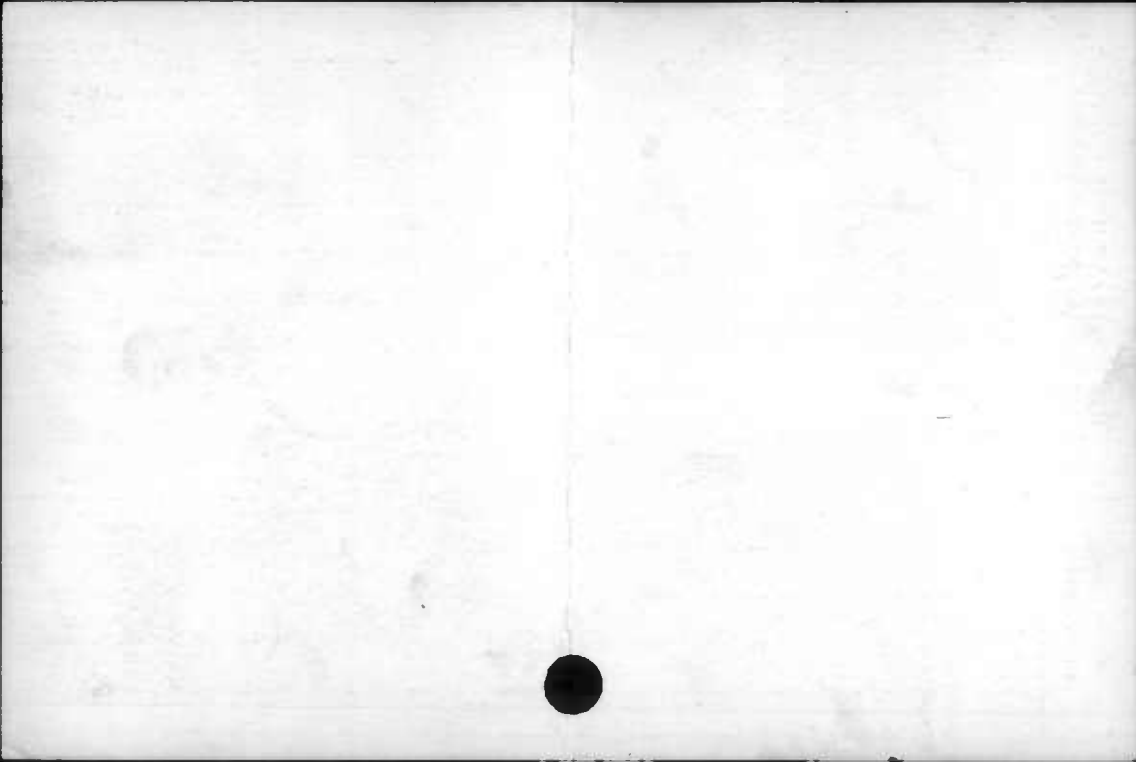
Died at <i>East New Market</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death 190 <i>9</i>		Month <i>1</i>		Day <i>6</i>		Age about <i>92</i> (she was a slave and her age was not known exact)	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth place <i>Md.</i>			
Occupation <i>Housewife & slave</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Not known (slave marriage)</i>					
Father's Name <i>Not known</i>				Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>Harriette Waters</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving Information <i>Blayward Waters</i>				How related to deceased <i>Grandson</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Intol. regurgitation & chronic interstitial nephritis at last 10 years</i>		How long	
Immediate <i>old age and cardiac atherosclerosis</i>		How long <i>later 3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>As near as possible under the circumstances as she is an old slave and no very definite statements are obtainable</i>		Signature of Physician <i>H.O. Horbough, M.D.,</i>	
		Address <i>East New Market, Md.</i>	



Name
in
Full

Ellie James Whittington

CERTIFICATE OF DEATH

Died at ^{Town} Cambridge^{County} Dorchester

MARYLAND

Date of death 1909 Jan.

Day 2

Age

Years 1

Months 3

Days —

Sex male

Color or Race

Blk

Birth-place

Ind.

Occupation Child

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Charles E. Whittington

Father's Birthplace

Ind.

Mother's Maiden Name

Mary Elizabeth James

Mother's Birthplace

Ind.

Name of person giving information

Chas. E. Whittington

How related to deceased

Father

CAUSES OF DEATH

92

Primary

Broncho-Pneumonia

How long

several days

Immediate

Heart Failure

How long

sudden

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. E. Wolff

Address

Cambridge Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Florence Zulu Wilson</i>		Town <i>New Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Month <i>January</i>		Day <i>13</i>		Years <i>7</i>	
Date of death		Age <i>7</i>		Months <i>7</i>		Days <i>7</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Cambridge</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>David Wilson</i>		Father's Birthplace <i>Lloyds Ma</i>					
Mother's Maiden Name <i>Margaret Anna Bailey</i>		Mother's Birthplace <i>Dorchester</i>					
Name of person giving Information <i>David Wilson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Uremia</i>	How long <i>Three days</i>
Immediate <i>Convulsions</i>	How long <i>Several hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Sexter P. Reynolds M.D.</i>
	Address <i>Cambridge Md</i>
Accident or Suicide	

1575

Heaven

Naturm. Hesper

$\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

Samuel

15-75-43

$$\frac{1}{2} \frac{d}{dt} \left(\frac{1}{2} \frac{d}{dt} \right)$$
$$\begin{array}{r} 450 \\ -50 \\ \hline 400 \end{array}$$
$$\begin{array}{r} 97b \\ 57b \\ \hline 4 \end{array}$$
 $45\frac{1}{2}$

Name
in
Full

Mary E. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		Month Jan.	Day 29	Age 36		Months 2	Days 1
Sex Female		Color or Race White		Birth- place Maryland			
Occupation Housewife		Where Residing if not at place of death Cambridge					
Married, Single or Widowed Married		Name of Wife or Husband Edward Wilson					
Father's Name Robert W. Calender		Father's Birthplace Maryland					
Mother's Maiden Name Mary E. Vickner		Mother's Birthplace " "					
Name of person giving Information Mary E. Calender		How related to deceased Mother					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	6 months
Immediate	Exhaustion	How long	shortly before
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John Mace	
		Address Cambridge	
Accident or Suicide no			



Name
in
Full

Catharine A. Windsor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Arriys* Town *Dorchester* County **MARYLAND**

Date of death *1909 Jan 1* Month *Jan* Day *1* Age *7* Years *7* Months *—* Days *—*

Sex *Female* Color or Race *White* Birthplace *Maryland*

Occupation *Wom* Where Residing if not at place of death *"*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *H. W. Windsor* Father's Birthplace *Maryland*

Mother's Maiden Name *Mollie C. Palmer* Mother's Birthplace *"*

Name of person giving Information *H. W. Windsor* How related to deceased *Father*

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary *appendicitis* How long *3 days*

Immediate *Gen. Peritonitis Exhaustion* How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Gay Stille* Address *Cambridge Md.*

Accident or Suicide ☐

